

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:14

DOCUMENT #

1. Limited Liability Company's Name

L02000032953

MCCARTHY of ST. PETERSBURG, LLC

100080264511
09/28/06--01043--006 **250.00

CR2E041 (8/05)

2. Principal Office Address

3663 Bayshore Blvd, N.E.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 325

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL.

City & State

ST. PETERSBURG FL.

Zip

33703

Country

PineLLAS

Zip

33731

Country

PineLLAS

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-9-02

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Tenence J. McCarthy

Street Address (P.O. Box Number is Not Acceptable)

3663 Bayshore Blvd N.E.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33731

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9-26-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Tenence J. McCarthy	3663 Bayshore Blvd NE	ST. PETERSBURG, FL. 33703

REINSTATEMENT 04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 9/26/06 Daytime Phone # 727-542-6517

Typed or printed name of signing Managing Member/Manager